Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER San Francisco Democ	cratic County Central Committee	2	Date of This Filing _	01/17/2017	Date Stamp	CALIFORNIA 497		
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 742051		Report No.	011217		For Official Use Only	
STREET ADDRESS				Amendme to Report No		Page 1 of 2		
CITY San Francisco	ncisco STATE ZIP CODE CA 94107			(explain below) No. of Pages	2			
Late Contrib	ution(s) Received							
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTF (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
01/12/2017	California Democratic Part Sacramento, CA 95811 ID# 741666	у			☐ IND ☐ COM ☐ OTH ■ PTY ☐ SCC ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			\$5,117.60
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*Contributor Code: IND - Individual COM - Recipient C OTH - Other	s Committee (other than PTY or	PTY - Politi · SCC) SCC - Sma	cal Party Il Contributor Committee	•				

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CANDID MEASURE	ATE AND OFFICE OR AND JURISDICTION	AMOUNT OF CONTRIBUTIO			

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